

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



November 26, 2008

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Beacon Hills, 5353 North 27<sup>th</sup> Street requesting a class I liquor license.

This request is for a corporation ownership change. This location currently has a class I liquor license.

Ronn Sorensen who is the current manager of the existing liquor license will remain as the manager. Mr. Sorensen is current on the required training.

Background information is available on request.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

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NOV 20 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | BEER, ON SALE ONLY                            | \$45.00 |
| <input type="checkbox"/>            | B | BEER, OFF SALE ONLY                           | \$45.00 |
| <input type="checkbox"/>            | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/>            | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY  | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

### MISCELLANEOUS

- |                          |   |                          |                       |                       |
|--------------------------|---|--------------------------|-----------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00              | \$1,000 minimum bond  |
| <input type="checkbox"/> | O | Boat                     | \$95.00               |                       |
| <input type="checkbox"/> | V | Manufacturer             | \$45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer           | \$545.00              | \$5,000 minimum bond  |
| <input type="checkbox"/> | X | Wholesale Liquor         | \$795.00              | \$5,000 minimum bond  |
| <input type="checkbox"/> | Y | Farm Winery              | \$295.00              | \$1,000 minimum bond  |
| <input type="checkbox"/> | Z | Micro Distillery         | \$295.00              | \$1,000 minimum bond  |

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Individual License (requires insert form 1)       |
| <input type="checkbox"/>            | Partnership License (requires insert form 2)      |
| <input type="checkbox"/>            | Corporate License (requires insert form 3a & 3c)  |
| <input checked="" type="checkbox"/> | Limited Liability Company (requires form 3b & 3c) |

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name CLARK ANDERSON Phone number: 402-423-0711

Firm Name Beacon Hills of Lincoln LLC

PREMISE INFORMATION

Trade Name (doing business as) Beacon Hills

Street Address #1 5353 N. 27th St.

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68521

Premise Telephone number 402-476-5300

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

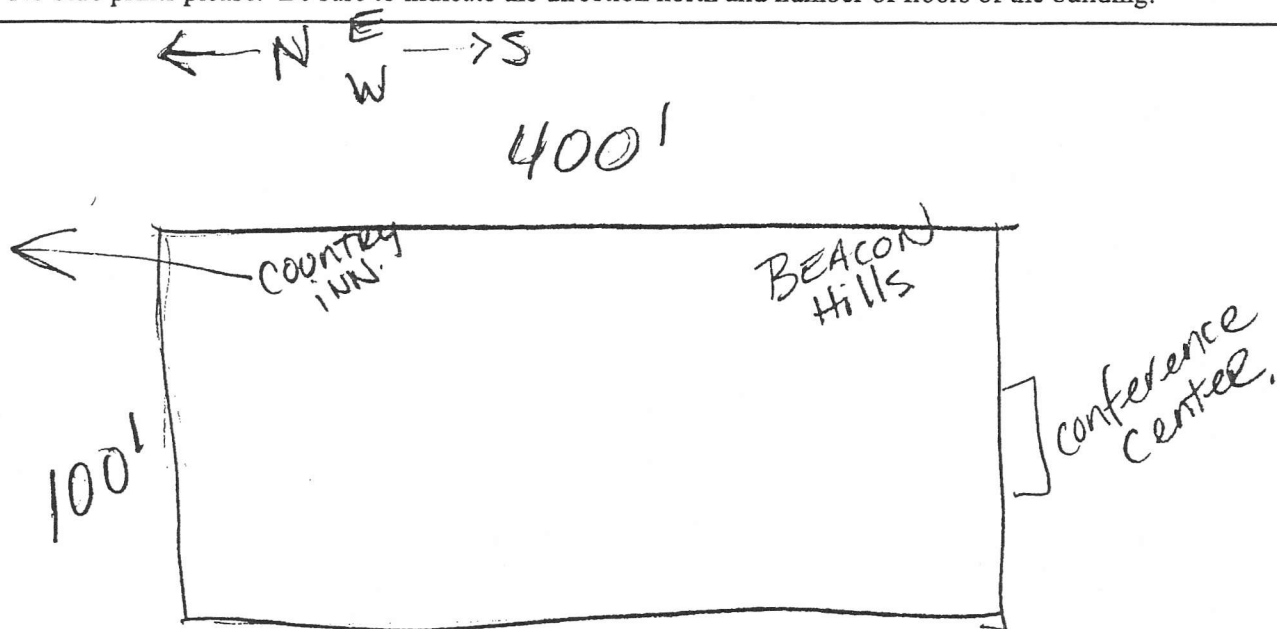
Name 5353 N. 27th St. Beacon Hills

Street Address #1 5353 N. 27th St.

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68521

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



3 Floors w/basement  
Entire 3 floor area w/basement  
Approx 400' x 100' on south end of bldg.

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☒ YES ☐ NO

If yes, give name of business and license number Beacon Hills of Lincoln LLC # 66647

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☐ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Adams Bank & Trust Ogallala NE

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

**No silent partners**



8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Pinnacle Bank, 2703 Folkways Lincoln, NE 68521 Clark Anderson

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

None

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Ronn Sorenson - 50 hrs

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

8 years Beacon Hills & Hilton Hotel - Lincoln, NE per applicant

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date

11-1-2023

☐ Deed

☒ Purchase Agreement

15. When do you intend to open for business?

Nov 1, 2008

16. What will be the main nature of business?

Restaurant & Bar

17. What are the anticipated hours of operation?

Mon - Thurs 10 AM - 10 PM, Fri - Sat 11 - 11  
Sun - 9 AM - 10 PM

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

APPLICANT: CITY & STATE		YEAR		SPOUSE: CITY & STATE		YEAR	
		FROM	TO			FROM	TO
Clark Anderson	Ogallala, NE			Eileen Anderson	Ogallala, NE		
Clark Anderson	Ogallala, NE	1973	2008	Eileen Anderson	Ogallala, NE	1973	2008
Gary Schreiner	Ogallala, NE	1972	2008	Cherry Schreiner	Ogallala, NE	1972	2008
Terry Johnson	Ogallala, NE	1978	2008	Ewing Johnson	Ogallala, NE	1978	2008

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

✓ Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Chap Anderson  
Signature of Applicant

Eileen Anderson  
Signature of Spouse

Way Schreiner  
Signature of Applicant

Cherry Schreiner  
Signature of Spouse

Kerry Johnson  
Signature of Applicant

Gwen M Johnson  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of Nebraska

County of Keith

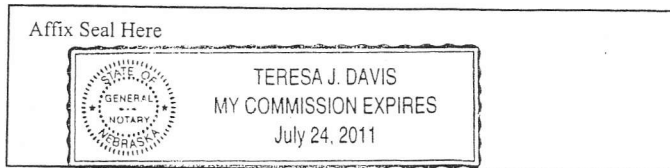
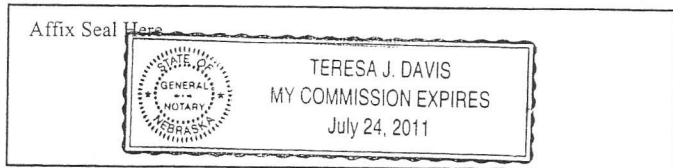
The foregoing instrument was acknowledged before me this Nov. 18, 2008 by

County of Keith

The foregoing instrument was acknowledged before me this Nov. 18, 2008 by

Teresa J Davis  
Notary Public signature

Teresa J Davis  
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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NOV 20 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Leo Sand

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Beacon Hills of Lincoln LLC

LLC Address: 5353 N. 27th St.

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: 402-476-5353 Fax Number: 402-476-5445

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Anderson First Name: Clark MI: W

Home Address: 2100 Wilderness Ridge Dr City: Lincoln

State: NE Zip Code: 68512 Home Phone Number: 402-423-0711

Clark Anderson

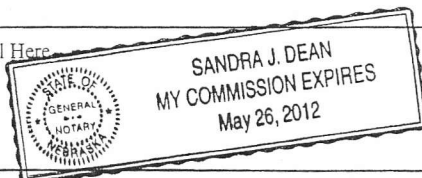
Signature of Contact Member

County of Lincoln

The foregoing instrument was acknowledged before me this Nov 5th 2008 by

Sandra J. Dean  
Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

2P Last Name: Schreiner First Name: Gary MI: L

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SP Spouse Full Name (indicate N/A if single): Cherry K Schreiner

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

~~Last Name: Schreiner First Name: Cherry MI: K~~

~~Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_~~

~~Spouse Full Name (indicate N/A if single): Gary L Schreiner~~

~~Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_~~

2P Last Name: Johnson First Name: Terry MI: R

Social Security Number: 5 Date of Birth: \_\_\_\_\_

SP Spouse Full Name (indicate N/A if single): Gwen M Johnson

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

~~Last Name: Johnson First Name: Gwen MI: M~~

~~Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_~~

~~Spouse Full Name (indicate N/A if single): Terry R Johnson~~

~~Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_~~

2P Last Name: Anderson First Name: CLARK MI: W

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Eileen A. Anderson

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NOT a member

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Anderson

First Name: Eileen

MI: A

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single):

Clark W. Anderson

Spouse Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: JANUARY Ending Date: December

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this limited liability company insert form 3b is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format



# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

# **RECEIVED**

NOV 20 2008

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Eileen A. Anderson  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Eileen A. Anderson  
Printed name of spouse asking for waiver

State of Nebraska

County of Concaster

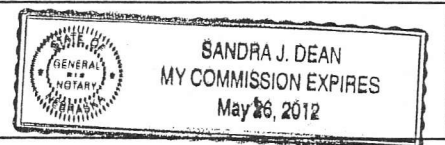
Nov 5<sup>th</sup> 2008  
date

Sandra J. Dean  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Sandra J. Dean  
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Clark Anderson  
Signature of individual involved with application  
(Spouse of individual listed above)

Clark W. Anderson  
Printed name of applying individual

State of Nebraska

County of Concaster

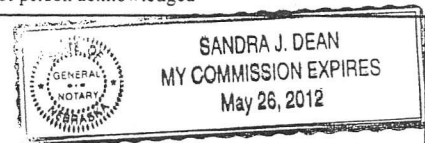
Nov 5<sup>th</sup> 2008  
date

Sandra J. Dean  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Sandra J. Dean  
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
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Office Use

**RECEIVED**

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Cherry K Schreiner

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Cherry K Schreiner  
Printed name of spouse asking for waiver

State of Nebraska

County of Keith

October 28, 2008

date

Teresa J Davis  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Teresa Davis

name of person acknowledged

Affix Seal



TERESA J. DAVIS  
MY COMMISSION EXPIRES  
July 24, 2011

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Gary L Schreiner

Signature of individual involved with application  
(Spouse of individual listed above)

Gary L Schreiner  
Printed name of applying individual

State of Nebraska

County of Keith

October 28, 2008

date

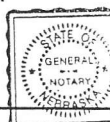
Teresa J Davis  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Teresa Davis

name of person acknowledged

Affix Seal



TERESA J. DAVIS  
MY COMMISSION EXPIRES  
July 24, 2011

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**RECEIVED**

NOV 20 2008

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Gwen M Johnson

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Gwen M Johnson

Printed name of spouse asking for waiver

State of Nebraska

County of Keith

October 28, 2008  
date

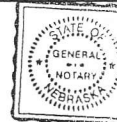
The foregoing instrument was acknowledged before me this

by Teresa Davis

name of person acknowledged

Teresa J Davis  
Notary Public signature

Affix Seal



TERESA J. DAVIS  
MY COMMISSION EXPIRES  
July 24, 2011

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Terry Johnson

Signature of individual involved with application  
(Spouse of individual listed above)

Terry R Johnson

Printed name of applying individual

State of Nebraska

County of Keith

October 28, 2008  
date

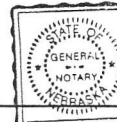
The foregoing instrument was acknowledged before me this

by Teresa Davis

name of person acknowledged

Teresa J Davis  
Notary Public signature

Affix Seal



TERESA J. DAVIS  
MY COMMISSION EXPIRES  
July 24, 2011

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NEBRASKA LIQUOR  
CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
Jan. 25, 1987  
LINCOLN, NEBRASKA

*Irene Ivers*  
DIRECTOR  
BUREAU OF VITAL STATISTICS

PHS-108 (VS)  
REV. 4-64  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

50-014158

BIRTH No. 126

1. PLACE OF BIRTH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>NEBRASKA</b> b. COUNTY <b>KEITH</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>NORTH PLATTE</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>PATTON</b>	
3. FULL NAME OF CHILD (If not in hospital or institution, give street address or location) INSTITUTION <b>MEMORIAL</b>		d. STREET (If rural, give location) <b>PATTON</b>	
4. CHILD'S NAME (Type or print) a. (First) <b>CLARK</b>		b. (Middle) <b>WAYNE</b> c. (Last) <b>ANDERSON</b>	
5. SEX <b>MALE</b>	6a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triple <input type="checkbox"/>	6b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH
FATHER OF CHILD			
7. FULL NAME a. (First) <b>MELVIN</b>		b. (Middle) <b>KEITH</b> c. (Last) <b>ANDERSON</b>	
8. AGE (At time of this birth) Yrs. <b>22</b>	9. BIRTHPLACE (City, town, or country) (State or foreign country) <b>Patton, Nebraska</b>	10. USUAL OCCUPATION <b>Farming</b>	11. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>VIRGINIA</b>		b. (Middle) <b>JEAN</b> c. (Last) <b>WILLES</b>	
13. AGE (At time of this birth) Yrs. <b>22</b>	14. BIRTHPLACE (City, town, or country) (State or foreign country) <b>Bartley, Nebraska</b>	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>MRS. ANDERSON</b> mother		18. SIGNATURE <i>A. P. Anderson</i>	
19. I hereby certify that this child was born alive on the date stated above at <b>6:30 P.M.</b>		16. ADDRESS <b>NORTH PLATTE, NEBRASKA</b>	
20. DATE RECD BY LOCAL REG. <b>Jan 27 - 1987</b>		21. REGISTRAR'S SIGNATURE <i>E. J. Anderson</i>	
		18. MOTHER'S MAILING ADDRESS <b>PATTON, NEBRASKA</b>	

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
Jan. 25, 1980  
LINCOLN, NEBRASKA

RECEIVED  
NOV 20 2000  
NEBRASKA LIQUOR  
CONTROL COMMISSION  
DIRECTOR  
BUREAU OF VITAL STATISTICS

PHS-708 (VS)  
REV. 4-45  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

BIRTH NO. 12650-010970

1. PLACE OF BIRTH a. COUNTY Lincoln		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE NEB. b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Butlerland		c. CITY (If outside corporate limits, write RURAL) OR TOWN Rural	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) Ellen b. (Middle) Marie c. (Last) Thompson		4. SEX F 5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	
5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE OF BIRTH	
FATHER OF CHILD			
7. FULL NAME a. (First) Vernon b. (Middle) Elmer c. (Last) Thompson		8. COLOR OR RACE	
9. AGE (At time of this birth) 22 Yrs.		10. BIRTHPLACE (City, town, or county) (State or foreign country) NEB. S.W.	
11a. USUAL OCCUPATION Farmer		11b. KIND OF BUSINESS OR INDUSTRY	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Marie b. (Middle) Thompson c. (Last) Thompson		13. COLOR OR RACE	
14. AGE (At time of this birth) 20 Yrs.		15. BIRTHPLACE (City, town or county) (State or foreign country) NEB. S.W.	
16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 2 b. How many OTHER children were born alive but are stillborn (born dead after 20 weeks pregnancy)? 0		17. INFORMANT'S SIGNATURE OR NAME - Relationship Mrs. Vernon Thompson	
18. SIGNATURE I hereby certify that this child was born alive on the date stated above at 11:30 a.m. 19. ADDRESS Butlerland, NEB.		20. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) 21. MOTHER'S MAILING ADDRESS	
22. DATE RECD BY LOCAL REG. Jan 28 1980		23. REGISTRAR'S SIGNATURE A. L. Thompson	

## Clark Anderson

From: "Gary & Cherry" <gcschreiner@charter.net>  
 To: "Fox" <cwander@windstream.net>  
 Sent: Friday, November 07, 2008 7:59 AM  
 Subject: more BS

DEPT. OF COMMERCE BUREAU OF CENSUS		STATE OF COLORADO STANDARD CERTIFICATE OF BIRTH		State File No. <u>13298</u>
1. PLACE OF BIRTH:		2. USUAL RESIDENCE OF MOTHER:		
(a) County <u>DENVER</u>	(b) City or town <u>Denver</u> <small>(If outside city or town limits write RURAL)</small>	(a) State <u>CO</u>	(b) County <u>W. CO.</u>	(c) City or town <u>Eaton</u> <small>(If outside city or town limits write RURAL)</small>
(c) Name of hospital or institution: <u>CO. COUNTY HOSPITAL</u> <small>(If not in hospital or institution give street number or location)</small>		(d) Street No. <u>132 Oak Street</u> <small>(If rural give location)</small>		
3. Full name of child <u>Gary Lynn Schreiner</u>		4. Date of birth <u>11/25/1948</u>		
5. Sex: <u>M</u> 6. Twin or triplet <u>No</u>		If sex-born 1st, 2nd or 3rd		
FATHER OF CHILD		MOTHER OF CHILD		
7. Full name <u>Ernest William Schreiner</u>		14. Full maiden name <u>Velma Marie Barger</u>		
8. Residence <u>Eaton, Colorado</u>		15. Residence <u>Eaton, Colorado</u>		
9. Color or race <u>W</u> 10. Age at time of this birth <u>26</u> yrs.		16. Color or race <u>W</u> 17. Age at time of this birth <u>26</u> yrs.		
11. Birthplace <u>McAlester Oklahoma</u> <small>(City, town or country) (State or foreign country)</small>		18. Birthplace <u>McAlester Nebraska</u> <small>(City, town or country) (State or foreign country)</small>		
12. Usual occupation <u>Hardware Store, Owner</u>		19. Usual occupation <u>Housewife</u>		
13. Industry or business <u>Gen.</u>		20. Industry or business <u>Gen.</u>		
21. Children born to this mother at the time of this birth:				
(a) How many other children of this mother are now living, at the time of this birth? <u>1</u>				
(b) How many other children were born alive but are now dead, at the time of this birth? <u>0</u>				
(c) How many children were born dead, at the time of this birth? <u>0</u>				
22. I hereby certify that I know of the birth of this child who was born alive at the hour of <u>12</u> p.m. on the date above stated and attended that the information given was furnished by <u>Velma Schreiner</u> related to this child as <u>mother</u>				
23. Date received by State registrar <u>May 1 - 1948</u>		Attendant's own signature <u>Fred B. Hays</u>		
24. Registrar's own signature <u>Robert T. Hays</u>		M. D., or midwife <u>M.D.</u> Date signed <u>May 1948</u>		
25. Date on which given name added <u>22204</u> by <u>M</u>		Address <u>Eaton Colorado</u>		

STATE OF COLORADO  
United States of America

I hereby certify this document is a true and correct copy of the original record in my custody. Issued in Denver this 25th day of February A.D. 1980.

Not valid without the  
raised seal of the  
Colo. Dept. of Health

Donald J. Davids  
Donald J. Davids  
State Registrar of Vital Statistics

PENALTY BY LAW if any Person alters, uses, attempts to use, or furnishes to another for deceptive use any vital statistics certificate.

**Clark Anderson**

From: "Gary & Cherry" <gcschreiner@charter.net>  
To: "Fox" <cwander@windstream.net>  
Sent: Friday, November 07, 2008 9:52 AM  
Subject: Certificate

*Jane Lamb Memorial Hospital*

*Certificate of Birth*

*This Certifies that Cheryl Kay Hall*  
*was born to Harold Robert and Lucie McMiller Hall*  
*in this Hospital at 2:00 p.m. today*  
*the \_\_\_\_\_ day of \_\_\_\_\_ A.D. 2008*

*In Witness Whereof the said Hospital has*  
*caused this Certificate to be signed by its duly authorized*  
*officer and its Official Seal to be hereunto affixed.*

*Margaret R. Kirkpatrick*  
*Hospital Administrator*  
*Attending Physician*





RECEIVED  
NOV 20 2008  
NEBRASKA LIQUOR  
CONTROL COMMISSION

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		STANDARD CERTIFICATE OF LIVE BIRTH STATE OF WYOMING		FILE NO. <u>1941</u>
LOCAL REGISTRAR'S NO. <u>342</u>		DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		REGISTERED NO. <u>2590</u>
<b>1. PLACE OF BIRTH:</b> (A) COUNTY <u>Laramie</u> (B) CITY OR TOWN <u>Cheyenne</u> (C) NAME OF HOSPITAL OR INSTITUTION: <u>Memorial Hospital</u> (D) LENGTH OF MOTHER'S STAY BEFORE DELIVERY: <u>7 hr.</u> (E) IN HOSPITAL OR INSTITUTION <u>7 hr.</u> IN THIS COMMUNITY <u>Months.</u>		<b>2. USUAL RESIDENCE OF MOTHER:</b> (A) STATE <u>Wyoming</u> (B) COUNTY <u>Laramie</u> (C) CITY OR TOWN <u>Cheyenne</u> (D) STREET NO. <u>Box 23</u>		
<b>3. FULL NAME OF CHILD</b> <u>Terry Rand Johnson</u>				
<b>4. SEX:</b> <u>Male</u>	<b>5. NUMBER OF MONTHS OF PREGNANCY</b> <u>9</u>	<b>6. TWIN OR TRIPLET</b> IF SO, 1ST <u>2ND</u> <u>3RD</u>	<b>7. DATE OF BIRTH</b>	
<b>FATHER OF CHILD</b> <b>8. FULL NAME</b> <u>Clarence Rolland Johnson</u> <b>9. COLOR OR RACE</b> <u>White</u> <b>10. AGE AT TIME OF THIS BIRTH</b> <u>24</u> YRS. <b>11. BIRTHPLACE</b> <u>Farmham, Nebraska</u> (CITY, TOWN, OR COUNTY) (STATE OR FOREIGN COUNTRY) <b>12. USUAL OCCUPATION</b> <u>Foreman @ Dairy</u> <b>13. INDUSTRY OR BUSINESS</b>		<b>MOTHER OF CHILD</b> <b>14. FULL MAIDEN NAME</b> <u>Bessie Ruth Hinton</u> <b>15. COLOR OR RACE</b> <u>White</u> <b>16. AGE AT TIME OF THIS BIRTH</b> <u>21</u> YRS. <b>17. BIRTHPLACE</b> <u>Eustis, Nebraska</u> (CITY, TOWN, OR COUNTY) (STATE OR FOREIGN COUNTRY) <b>18. USUAL OCCUPATION</b> <u>Housewife</u> <b>19. INDUSTRY OR BUSINESS</b>		
<b>20. CHILDREN BORN TO THIS MOTHER:</b> (A) HOW MANY OTHER CHILDREN OF THIS MOTHER NOW LIVING? <u>0</u> (B) HOW MANY OTHER CHILDREN BORN ALIVE BUT NOW DEAD? <u>0</u> (C) HOW MANY CHILDREN WERE BORN DEAD? <u>0</u>		<b>21. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:</b> <u>Box 23</u>		
<b>22. I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF</b> <u>9:05 P.M.</u> <b>ON THE ABOVE DATE.</b> <b>THE INFORMATION GIVEN WAS FURNISHED BY</b> <u>Mrs. C. R. Johnson</u> <b>RELATED TO THIS CHILD AS</b> <u>Mother</u>				
<b>23. DATE RECEIVED BY LOCAL REGISTRAR</b> <u>July 16, 1941</u> <b>24. REGISTRAR'S OWN SIGNATURE</b> <u>[Signature]</u> <b>25. DATE ON WHICH GIVEN NAME ADDED</b> <u>BY</u>		<b>ATTENDANT'S OWN SIGNATURE</b> <u>[Signature]</u> <b>M.D., MIDWIFE, OR OTHER</b> <u>[Signature]</u> <b>DATE SIGNED</b> <u>July 16, 1941</u> <b>ADDRESS</b> <u>Cheyenne, Wyo.</u>		



THIS IS TO CERTIFY that the reproduction on  
the reverse is a true copy of a record on file in  
the Division of Vital Statistics, Wyoming Depart-  
ment of Public Health, Cheyenne, Wyoming

*James W. Sampson M.D.*

James W. Sampson, M. D.

State Registrar of Vital Statistics

Date issued: OCT 11 1962

By *Robert J. [Signature]*  
Deputy State Registrar

MANAGER APPLICATION  
INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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NOV 20 2008  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- X 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

need BC before  
issue

Corporation/LLC information

Name of Corporation/LLC: Beacon Hills OF Lincoln LLC

Premise information

Premise License Number: 66647

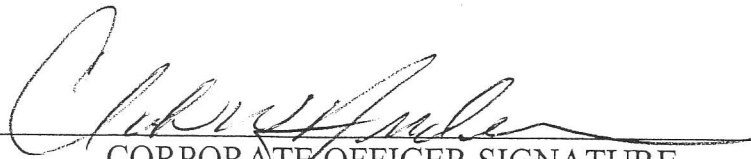
Premise Trade Name/DBA: Beacon Hills

Premise Street Address: 5353 N<sup>th</sup> 27<sup>th</sup> St.

City: Lincoln State: Ne Zip Code: 68521

Premise Phone Number: 402-476-5300

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: SORENSEN First Name: RONNIE MI: L.

Home Address (include PO Box if applicable): 6120 SUMNER ST.

City: LINCOLN State: NE Zip Code: 68506

Home Phone Number: 402-486-1135 Business Phone Number: 402-476-5353

Social Security Number: - - - Drivers License Number & State: Ne

Date Of Birth: - - - Place Of Birth: Fremont Ne

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: SORENSEN First Name: DARLENE  
MI: E.

Social Security Number: - - - Drivers License Number & State: - - -

Date Of Birth: - - - Place Of Birth: McCook Ne

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
Lincoln Ne		1986 2008	Lincoln Ne		1986 2008

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	Beacon Hills		
2	Hilton Hotel		

per applicant Clark Anderson

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

Beacon Hills , Hilton Hotel

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

Current on File February 2007

## PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Ronn L. Sorensen  
Signature of Manager Applicant

Darlene E. Sorensen  
Signature of Spouse

State of Nebraska

County of LANCASTER

County of LANCASTER

The foregoing instrument was acknowledged before me this 11/11/08 by

Ronn L. Sorensen

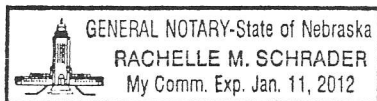
Rachelle M. Schrader  
Notary Public signature

The foregoing instrument was acknowledged before me this 11/11/08 by

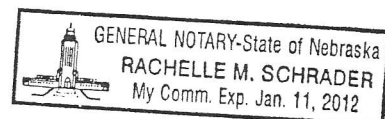
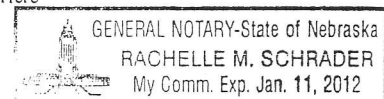
Darlene E. Sorensen

Rachelle M. Schrader  
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

# SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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NOV 20 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have no direct or indirect interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Darlene E. Sorensen

Signature of spouse asking for waiver  
(Spouse of individual listed below)

DARLENE E. SORENSEN

Printed name of spouse asking for waiver

State of NEBRASKA

County of LANCASTER

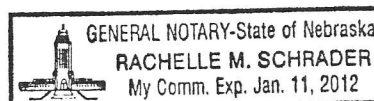
The foregoing instrument was acknowledged before me this

11/11/08 date

by DARLENE E. SORENSEN  
name of person acknowledged

Rachelle M. Schrader  
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Ronn L. Sorensen

Signature of individual involved with application  
(Spouse of individual listed above)

Ronn L. SORENSEN

Printed name of applying individual

State of NEBRASKA

County of LANCASTER

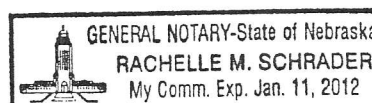
The foregoing instrument was acknowledged before me this

11/11/08 date

by RONN L. SORENSEN  
name of person acknowledged

Rachelle M. Schrader  
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.



# STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

02/28/2007

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES

PHS-796(VS)  
REV. 4-18  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

## STATE OF NEBRASKA DEPARTMENT OF HEALTH Bureau of Vital Statistics CERTIFICATE OF LIVE BIRTH

52 5839  
BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Dodge</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebr</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Fremont</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Arlington</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Dodge County Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Hospital</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Ronnie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Sorensen</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <u>8-65-2</u>
7. FULL NAME a. (First) <u>Melvin</u> b. (Middle) <u>Louis</u> c. (Last) <u>Sorensen</u> 8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>31</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Arlington, Nebr</u>	11a. USUAL OCCUPATION <u>Electrician</u>	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Hazel</u> b. (Middle) <u>Fern</u> c. (Last) <u>Hansen</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> Yrs.	15. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Berlin, Nebr</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>ONE</u> b. How many OTHER children were born alive but are now dead? <u>NONE</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Sorensen - Mother</u>		18. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
I hereby certify that this child was born alive on the date stated above at <u>9:05 A</u> m.		19. MOTHER'S MAILING ADDRESS <u>Arlington, Nebr</u> <u>Box 153</u>	
20. DATE REC'D BY LOCAL REG <u>March 19, 1952</u>	21. REGISTRAR'S SIGNATURE <u>Depledge H. Sorensen</u>		



Seller did not know  
the names of

Leary Schreiner &  
Terry Johnson

At the time of drawing  
up the purchase agreement  
so they put it Exclusively  
in my name, (Clark Anderson)  
the managing partner.

Thanks,

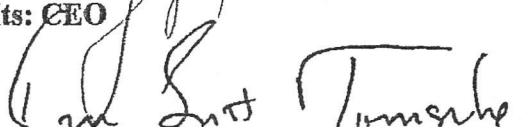
Clark Anderson

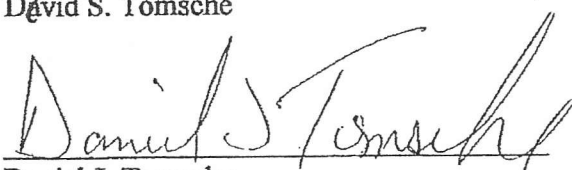
**SELLERS:**

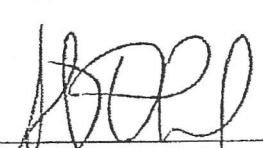
Sand Lodging, Inc.

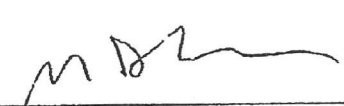
By:  CEO

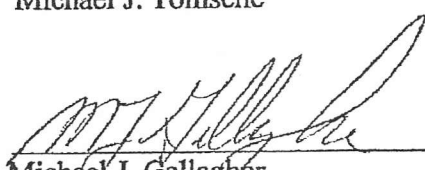
Its: CEO

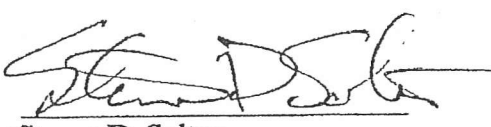
  
David S. Tomsche

  
Daniel J. Tomsche

  
Steven E. Tomsche

  
Michael J. Tomsche

  
Michael J. Gallagher

  
Steven D. Soltan

## SCHEDULE A

<u>NAME OF MEMBER</u>	<u>GOVERNANCE UNITS</u>	<u>FINANCIAL UNITS</u>
Sand Lodging, Inc.	89.1640	89.1640
David S. Tomsche	1.7880	1.7880
Daniel J. Tomsche	1.7880	1.7880
Steven E. Tomsche	1.7880	1.7880
Michael J. Tomsche	1.7880	1.7880
Michael J. Gallagher	1.7880	1.7880
Steven D. Soltau	1.8960	1.8960
Total	100.0000	100.0000

## ASSIGNMENT

For value received, each of Sand Lodging, Inc., David S. Tomsche, Daniel J. Tomsche, Steven E. Tomsche, Michael J. Tomsche, Michael J. Gallagher and Steven D. Soltau, hereinafter referred to as Assignors, hereby assign to Clark Anderson, his heirs, executors, and assigns, One Hundred (100) Membership Units in Beacon Hills of Lincoln, LLC, a Minnesota limited liability company as set forth on attached Schedule A.

This Assignment may be executed in any number of counterparts, all of which may be considered one and the same assignment.

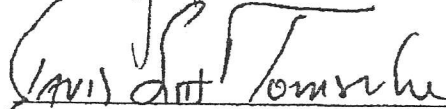
IN WITNESS WHEREOF, the Assignors have signed this Assignment at \_\_\_\_\_, Minnesota, this 30 day of October, 2008.

**MEMBERS:**

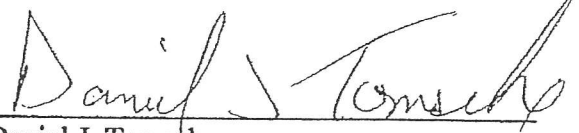
**Sand Lodging, Inc.**

By:  CEO

Its: CEO




David S. Tomsche



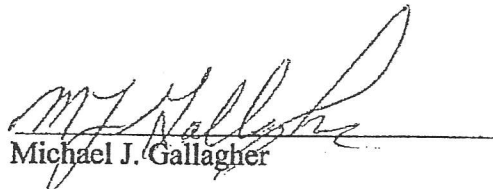
Daniel J. Tomsche



Steven E. Tomsche



Michael J. Tomsche



Michael J. Gallagher



Steven D. Soltau